

**UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF THE STATE OF TENNESSEE**

IN RE:

Case No. 11-52357

Joseph Allen Farmer,

(Chapter 7)

DEBTOR

**APPLICATION FOR ORDER DIRECTING PAYMENT
OF FUNDS TO CREDITOR/CLAIMANT PURSUANT TO
11 U.S.C. SECTION 347 AND 28 U.S.C. SECTIONS 2041 ET. SEQ.**


Bank of America (the "Claimant") a claimant in the captioned case respectfully requests as follows:

1. Claimant was a creditor of the Debtor and was due to receive and the trustee did, in fact, make a distribution from the estate to the Claimant in the amount of approximately \$2,600.61. The Claimant was not located and the funds of the Claimant were paid into the Court pursuant to 11 U.S.C. § 347.

2. Pursuant to 11 U.S.C. § 347 and chapter 129 of title 28, United States Code, the Claimant requests that the Court issue an order directing payment to the Claimant and that payment be made in care of the party set forth below.

WHEREFORE, Claimant requests that the Court issue an order directing payment of all funds held by the Court for the Claimant in this case and for such further and other relief as is just and appropriate.

Bank of America

By: 
Greg Griffith
American Property Locators, Inc.
Attorney-in-fact
3855 South Boulevard, Suite 200
Edmond, OK 73013
(405) 340-4900

CERTIFICATE OF MAILING

I hereby certify that on March 12, 2015 I have mailed a true and correct copy of the foregoing APPLICATION FOR ORDER DIRECTING PAYMENT OF FUNDS TO CREDITOR/CLAIMANT PURSUANT TO 11 U.S.C. SECTION 347 AND 28 U.S.C. SECTIONS 2041 ET. SEQ. to:

United States Attorney
Attn: Civil Process Clerk
220 West Depot Street
Greeneville, TN 37743



Greg Griffith

LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I,

Lady-Zoe G. Horace, AVP; Recovery Officer of Bank of America Corporation ("Bank of America"), acting on behalf of Bank of America hereby appoint **Greg Griffith of American Property Locators, Inc.**, in the person of one of its principal officers, as Bank of America's lawful attorney-in-fact to seek recovery of the undistributed, unclaimed, or undelivered tenders of funds of:

Bank of America in the amount of \$2,600.61


held by the United States, by a state, or by an agency or instrumentality of either, hereby revoking all previous powers of attorney in this regard to whomever granted.

Bank of America further grants the attorney authority to do whatever is necessary and proper to recover the aforementioned unclaimed funds only, as fully as it might or could do if acting through its own officers or agents, hereby confirming all that the attorney shall lawfully do or cause to be done (including the endorsement of any instrument of payment on behalf of Bank of America). Nevertheless, the attorney shall have no authority to incur any financial obligation or to make any expenditure on behalf of Bank of America, other than an expenditure payable from any sums recovered by virtue of the attorney's actions.

In construing this instrument where the context so requires, the singular includes the plural. This Power of Attorney shall expire 180 days from the date hereof or upon collection of the aforementioned unclaimed funds, if earlier, unless otherwise extended by an amendment which is attached hereto. Bank of America authorizes the use of a photocopy of this Limited Power of Attorney, for any purpose, in lieu of the original.

Signed this 10 day of March, 2015.

Bank of America Corporation

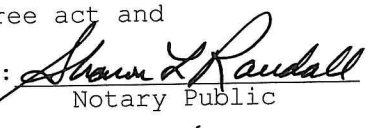


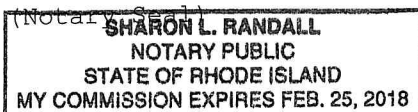
Lady-Zoe G. Horace
AVP; Recovery Officer

Federal Taxpayer ID 94-1687665

State of Rhode Island County of Providence Date: March 10, 2015.

The above-named Lady-Zoe G. Horace, known to me to be the individual described in [and holding the position designated in] the foregoing instrument, appeared before me and acknowledged the execution thereof to be his/her free act and deed.

Before me: 
Notary Public



My commission expires: 2/25/18

In Re:)	
Joseph Allen Farmer)	
Debtor(s))	Case number: 11-52357
)	

AFFIDAVIT OF CREDITOR

Bank of America the undersigned creditor in the above referenced case, being first duly sworn upon oath, states as follows:

1. Greg Griffith, 3855 South Boulevard, Suite 200, Edmond, OK 73013, has been granted a power of attorney by Bank of America to submit an Application for Payment from Unclaimed Funds seeking payment of its claim(s) due and owing to Bank of America as a creditor in the above referenced bankruptcy case.

2. My name, address and telephone number are as follows:

Lady-Zoe G. Horace, AVP; Recovery Officer
Bank of America
AP Recovery Solutions, Bank of America, 125 Dupont Drive/RI1 121 01 30
Providence, RI 02907
401-865-7125

3. Bank of America has neither previously received remittance for its claim(s) nor has contracted with any other party other than the party named in item one above to recover these funds. The right to this payment has not, in any way, been assigned or transferred to any other entity.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief.

Date 3-10-15

By: [Signature]
Title: AVP, Recovery Officer
Bank of America
AP Recovery Solutions, Bank of America, 125 Dupont Drive/RI1
121 01 30
Providence, RI 02907
FID# 94-1687665

ACKNOWLEDGMENT

STATE OF Rhode Island)

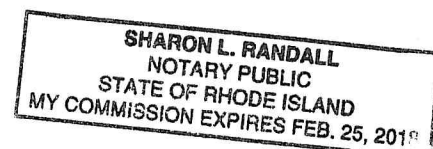
COUNTY OF Providence)

Before me a Notary Public, in and for said County and State on this 10 day of March, 2015 personally appeared Lady-Zoe G. Horace to me known to me to be the identical person who subscribed his/her name to the foregoing instrument as its AVP; Recovery Officer (title), and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed of such corporation, for the purposes therein set forth.

In Witness Whereof, I have hereunto set my official signature and affixed my official seal the day and year first above written.

My Commission Expires:
2/25/18

[Signature]
Notary Public






Lady-Zoe G. Horace

AVR, Recovery Officer

Bank of America
Rt. 121-C1-30, 125 Cupont Drive
Providence, RI 02907
T 401.865.7125 F 401.865.7685
lady-zoe.g.horace@bankofamerica.com

Bank of America 



Certificate of Authority to Act for Bank of America

I, the undersigned, Shannon C. Smith, as AVP; Vendor Manager I of Bank of America, do hereby certify that Lady-Zoe G. Horace's authority to act on behalf of Bank of America, includes, without limitation, the recovery of unclaimed funds arising from bankruptcy matters.

IN WITNESS HEREOF, I have hereunto signed my name this 4th day of February, 2015.

Bank of America

Shannon C. Smith

Corporate seal

If corporate Seal is unavailable sign affidavit below:

BE IT ACKNOWLEDGED,

That the undersigned hereby says under oath that the corporate seal for this corporation is unavailable

By: Shannon C. Smith
AVP; Vendor Manager I

Notary Statement

ACKNOWLEDGMENT

STATE OF Rhode Island

COUNTY OF Providence

Before me, the undersigned a Notary Public, in and for said County and State on this 4th day of February, 2015, personally appeared Shannon C. Smith to me known to be the identical person who subscribed his/her name to the foregoing instrument, as its AVP; Vendor Manager I and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed of such corporation, for the purposes therein set forth.

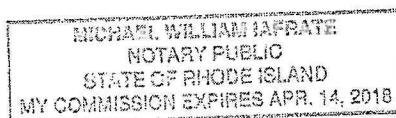
In Witness Whereof, I have hereunto set my official signature and affixed my official seal the day and year first above written.

My Commission Expires:

April 14th 2018

Notary

Michael William Iafate



Form (Rev. August 2013) Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Request for Taxpayer Identification Number and Certification</h2>	Give Form to the requester. Do not send to the IRS.
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Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Bank of America

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

☐ Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.)
125 Dupont Drive / RI 21 01 30

City, state, and ZIP code
Providence, RI 02907

List account number(s) here (optional)

Exemptions (see instructions):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									
Employer identification number									
9	4		1	6	8	7	6	6	5

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 2-4-15
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

AO 213
(Rev. 08/13)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
Accounting and Financial Systems Division

VENDOR INFORMATION/TIN CERTIFICATION
Mandatory Information that MUST be provided before submission

☐ Ex-AO Employee
☐ SAM Vendor
(Formerly CCR)
(No TIN Certification Required)

Vendor Address	Other Address (If different from Vendor Address)
Select all that apply: <input type="checkbox"/> Order <input type="checkbox"/> Remit <input checked="" type="checkbox"/> 1099	Select all that apply: <input type="checkbox"/> Order <input type="checkbox"/> Remit <input checked="" type="checkbox"/> 1099
Name: Bank of America	Address: C/O APL, Inc., 3855 South Boulevard, Suite 200
Business Name: (if different from above)	City: Edmond
Address 1: 125 Dupont Drive / R11 121 01 30	State: OK Zip Code: 73013
Address 2:	Phone #: (405) 340-4900
City: Providence	Description: (if needed)
State: RI Zip Code: 02907	
Phone #: (401) 865-7125 E-mail: lady-zoe.g.horace@bankofamerica.com	
Taxpayer Identification #: 94-1687665 (TIN, SS, or EIN number)	
DUNS #	
Financial Information (If Requested)	
Bank Name: Financial information is not required at this time.	Routing #: (this nine digit number appears on your checks, but do not include individual check numbers):
City:	Account #:
State: Zip Code:	Type of Account: (select one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Type of Organization for 1099 reporting:

- | | |
|--|---|
| <input type="checkbox"/> sole proprietorship; | <input type="checkbox"/> partnership; |
| <input checked="" type="checkbox"/> corporate entity (not tax-exempt); | <input type="checkbox"/> corporate entity (tax-exempt); |
| <input type="checkbox"/> health care provider; | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> government entity (write in either federal, state or local) | _____ |

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

☐ You must select this check box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

AO 213
(Rev 08/13)

Definitions:

"Taxpayer Identification (TIN, SS, or EIN number)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of 31 U.S.C. §§ 7701(c) and 3325(d), reporting requirements of 26 U.S.C. §§ 6041 and 6041A, and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government (31 U.S.C. § 7701(c)(3)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

- ☐ The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;
- ☐ The vendor is an agency or instrumentality of a foreign government;

Additional information required for vendors used for procurement
(purchase orders, contracts, etc.)

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group:

- ☐ Women Owned Business
- ☐ Minority Owned Business (If yes, select one of the owner's race/ethnicity selections from below):
- ☐ Asian-Pacific American ☐ Black American ☐ Subcontinent Asian (Asian-Indian) American
- ☐ Hispanic American ☐ Native American ☐ Other: _____

Date: 2-4-15

[Signature]
Vendor's signature

For Agency Use Only

The vendor name and DUNS number is all that is required for registered System for Award Management (SAM) vendors (formerly CCR). (Check www.sam.gov for registration status.) Do not use this form for purchase card merchants.

Mark Boxes that apply: ☐ Addition ☐ Change ☐ Vendor Code: _____ (make entry only if change)
☐ Active ☐ Inactive ☐ Vendor Type: _____

The following information is optional for individuals whose name and telephone are already on the form:

Contact Name: _____ Email: _____
Telephone Number: _____

Identification of person making this request:

Name: _____ Originating Office: _____
Telephone Number: _____

Please type or print clearly.

For "AO" FAS4T Users only, e-mail the completed form to: AODb_OFB_Client_Service_Desk@DCA/AO/USCOURTS. For questions regarding AOFAS4T the Client Service Desk can be contacted at (202) 301-2242.
For "Court" FAS4T Users, send this form to the local Vendor Administrator. For questions regarding Court FAS4T please contact SDS at (210) 301-6320.

This form should be completed with signature by the vendor and submitted by Judiciary staff only.
Sensitive information must be securely maintained and only visible to the appropriately designated financial employee.